



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

FOO/168144

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 19, 2015, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Kenosha County Human Service Department in regard to FoodShare benefits (FS), a hearing was held on September 17, 2015, at Racine, Wisconsin.

The issue for determination is whether the agency properly reduced the Petitioner's FS benefits effective September 1, 2015.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Kelly Kosloske

Kenosha County Human Service Department  
8600 Sheridan Road  
Kenosha, WI 53143

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Racine County.
2. Prior to July 20, 2015, the Petitioner reported monthly rent expense of \$455/month to the agency.
3. On July 20, 2015, the Petitioner completed a FS renewal. She reported at that time that her household size is one, her gross household income is \$816.78/month from SSI and that has rent

expense of \$362.50. She reported that she splits the rent expense of \$725/month with her boyfriend. The rent does not include heat and electricity. Petitioner also has a monthly phone expense.

4. On July 21, 2015, the agency issued a Notice of Decision to the Petitioner informing her that her FS benefits would be reduced from \$166/month to \$138/month effective September 1, 2015.
5. Petitioner's household size is one. Petitioner's gross household income is \$816.78/month from SSI. Petitioner's monthly rent expense is \$362.50.

### **DISCUSSION**

In determining the amount of FS to be issued each month, the agency must budget all of the recipient's nonexempt income, including earned and unearned income. 7 C.F.R. §273.9(b). From that income, certain deductions are allowed. The deductions include a standard deduction, which currently is \$155 per month for a one-person household. 7 C.F.R. §273.9(d)(1); FoodShare Handbook (FSH), § 4.6.2. Another deduction is the earned income deduction, which equals 20% of the household's total earned income. 7 C.F.R. §273.9(d)(2); FSH, § 4.6.3. A third possible deduction is for medical expenses exceeding \$35 in a month for elderly or disabled persons. 7 C.F.R. §273.9(d)(3); FSH, § 4.6.4. A fourth deduction is for child/dependent care. 7 C.F.R. §273.9(d)(4); FSH, § 4.6.6. The final deduction is for shelter expenses; the deduction is equal to the excess expense above 50% of net income remaining after other deductions. 7 C.F.R. §273.9(d)(5); FSH, § 4.6.7.

I reviewed the FS budget screens of the agency for September 1, 2015. The Petitioner does not dispute the income figures used by the agency. The agency applied the \$155 standard deduction. The agency properly applied a maximum utility standard and rent expense to determine the shelter deduction. Based on net adjusted income after these deductions, the agency concluded the Petitioner is entitled to \$138/month in FS benefits.

I find no error in the agency's calculations of the Petitioner's FS benefits and conclude that the agency properly determined the Petitioner's current benefit of \$138/month.

### **CONCLUSIONS OF LAW**

The agency properly determined the Petitioner's FS benefits effective September 1, 2015.

**THEREFORE, it is**

### **ORDERED**

That the Petitioner's appeal is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

## APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 15th day of October, 2015

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\sDebra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on October 15, 2015.

Kenosha County Human Service Department  
Division of Health Care Access and Accountability